

Current major event

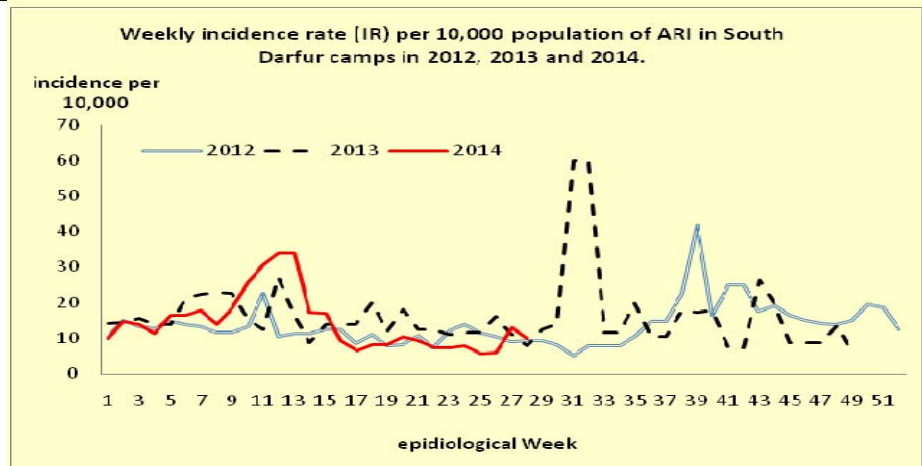
Influenza in displaced population settings

Acute respiratory infection (ARI) remains the major cause of mortality and morbidity in refugee and displaced population settings. Despite various efforts made in the past, there is no standard guidance for establishing or conducting surveillance for influenza and other respiratory infection in such settings. A recent initiative of World Health Organization Regional Office for Eastern Mediterranean (EMRO) has addressed to fill up this gap

Editorial note

As of 2014, more than 56 million people in 13 countries are currently affected by complex humanitarian emergencies in the Eastern Mediterranean Region of WHO. A number of countries in the region- Yemen, Afghanistan, Pakistan, Syria, Somalia and Sudan have a large number of internally displaced population (IDPs) where some other countries – like Djibouti, Jordan, Lebanon and Tunisia have large number of refugees who are displaced from their own countries owing to conflict and other crisis. Yet some countries like Iraq and Syria have two types of displaced populations – refugees and IDPs.

Although the displaced population settings are thought to be temporary, in some of the countries in the region, the IDP settings are in existent for almost 10 years now like Sudan and Somalia for example. In such settings, an early warning surveillance system called the Early Warning and Alert Response Network (EWARN) is in place to monitor the trend of acute respiratory infection by collecting data on syndromic basis. These data on ARI can be used as proxy for influenza in such settings. In some other countries, like Pakistan, the Disease Early Warning System (DEWS) collects surveillance data on influenza-like-illness which is also used to understand the burden of influenza in such settings. Since 2010, the DEWS in Pakistan is part of national surveillance sys-



Source: Sudan EWARS Data

The main objectives of Influenza/Acute Respiratory Infection Surveillance in displaced population settings in the region

- To detect, timely, of unusual outbreaks, new emerging pathogens and unexpected epidemiological respiratory disease pattern;
- To reduce morbidity and mortality in IDPs and refugees settings
- To monitor the epidemiological characteristics and if possible the virology characteristics in the displaced settings

tem reporting on influenza and other reportable health conditions.

Surveillance data coming out of the EWARN and DEWS system in such settings indicate that the incidence of Acute Respiratory Infection (ARI) is one of the top most reportable event in the IDP settings. During the winter, in particular, the proportion rate of ARI amongst the total consultations may reach more than 30% (Please see the graph above)

Given this limitation in surveillance as well as the high risk of spread of influenza and other respiratory viruses in displaced settings, EMRO recently organized a consultative meeting to develop a manual on establishing surveillance for influenza with a view (*please see the table above*) to measuring the burden and severity of infection as well as to early detect any outbreak caused by either influenza or any other respiratory viruses

Update on outbreaks

in the Eastern Mediterranean Region

MERS-CoV in Saudi Arabia

Current public health events of international concern

[cumulative N° of cases (deaths), CFR %]

Avian Influenza A (H5N1): 2006-2014

Egypt [176 (64), 36.4%]

MERS-CoV: 2012-2014

Saudi Arabia [725 (261), 36%]

Jordan [11 (6), 54.5%]

Oman [2 (2), 100%]

UAE [68 (8), 11.8%]

Kuwait [3 (1), 33.3%]

Tunisia [3 (1), 33.3%]

Qatar [7 (4), 57.1%]

Yemen [1 (1), 100%]

Egypt [1 (0), 0%]

Lebanon [1 (0), 0%]

Iran [5 (1), 20%]

Ebola Hemorrhagic Fever: 2014

Guinea [607 (406), 66.9%]

Liberia [1082 (624), 57.7%]

Sierra Leone [910 (392), 43.1%]

Nigeria [16 (5), 31.3%]

Wild poliovirus: 2014

Pakistan [115 (0), 0%]

Afghanistan [8 (0), 0%]

Somalia [4 (0), 0%]

Dengue Fever: 2014

Sudan [1151 (9), 0.8%]

Cholera 2014

South Sudan [5484 (119), 2.2%]